

**Attachment 2**

**Sample Submission Form**

**Date:** Day \_\_\_\_ (numeral), Month \_\_\_\_\_, Year \_\_\_\_\_.

**To:** Managing Director, CEIU

*Postal address:* Managing Director, Complaints-resolution, Evaluation & Integrity Unit  
B-9 Financial St., Xicheng District, Beijing, China 100033

*Email address:* [ppm@aiib.org](mailto:ppm@aiib.org)

*Fax number:* +86-10-8358-0003

We, *(insert names)* \_\_\_\_\_

Requestors are filing a submission about the AIIB-financed Project named or known to us as

\_\_\_\_\_

The Project is located in \_\_\_\_\_ Country \_\_\_\_\_.

We live in the area known as \_\_\_\_\_.

*(If possible, please show on an attached map. A map is attached: **If Yes, tick ✓ here** ( ).*

We can be contacted by letter ( ), e-mail ( ), telephone ( ), fax ( ).

Full postal address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_.

Telephone number: \_\_\_\_\_ Area code \_\_\_\_\_ Fax: \_\_\_\_\_.

Email address: \_\_\_\_\_

We prefer to receive a submission acknowledgement by letter ( ); by e-mail ( ); by fax ( ).

We **do not want** our name(s) and information to be disclosed ( ). This is because:

\_\_\_\_\_

We authorize \_\_\_\_\_ (name) to file this submission on our behalf,

(signature or other form of identification):

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Our letter is a Project processing query (  ); request for dispute resolution (  );  
compliance review (  ); or we are not sure which of these options to choose (  ).

We have been or are likely to be harmed by social or environmental impacts of the Project in the way(s) described below. And (*if known*) we think AIIB violated its Environmental and Social Policy in the following way(s):

**For a submission filed by an Authorized Representative:** *(Ignore if not relevant).*

I \_\_\_\_\_ (name of person),

*if relevant, from* \_\_\_\_\_ *(name of organization)*

have been authorized pursuant to the authorization annexed to this letter, to file this submission on behalf of the person(s) named:

\_\_\_\_\_

I can be contacted by letter (  ); by e-mail (  ); by fax (  ); by telephone (  ). **If Yes, tick ✓**

Full postal address: \_\_\_\_\_,

\_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_.

Telephone number: \_\_\_\_\_ Area code \_\_\_\_\_ Fax: \_\_\_\_\_.

Email address(es): \_\_\_\_\_.

I prefer to receive a submission acknowledgement by letter (  ); e-mail (  ); or fax (  ).

I **do not want** my name, organization name or information to be disclosed (  ).

*(Ignore if not relevant).*